STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyis	st(s) Michael Ha	nsen		
II. Name of lobbyis	st's partnership, fir	m or corporation, if an	ıy:	
Consumer Re				
(1)	lame of partnership, fir	m or corporation)		_
1535 Mission	Street	San Francisco	CA	94103
Business Address: ((Street)	(Town/City)	(State)	(Zip Code)
() (415) 431-		(415) 431-09	906 e-mail Levyje	@consumer.org
(Telephone	e)	(Fax)		
		ie – file separate repor n are not attributable t	ts for each client, OR you m	ay file a separate report fo
reportable expense	, transactions which	i are not attributable t	o any one enemy.	
X All reportable tr	ansactions occurring	in the months prior to t	he reporting date relative to t	he following client:
Consumer Re				
	(Full Name of Cli	ent as it appears on the Lol	obyist Registration Form)	
<u>OR</u>				
☐ All reportable tra unrelated to any par		byist (including the lobb	byist's family), or the lobbyin	g firm listed below which a
unrelated to any par	noutal official.			
IV. Date of Report	April 26, 2017	X	July 26, 2017 📙	
	ctivity from date of reg		activity from 4/1/17 to 6/30/1	7
	October 25, 20		January 31, 2018 □	
	activity from 7/1/17	to 9/30/17	activity from 10/1/17 to 12/3.	1/17
	d, complete just this		transactions made since e Secretary of State's Office,	
VI. Check if additi	onal reports are at	ached:		
	=		le Addendum A- Fees and E	Expenses
☐ If you have paid Expense Reimburse		eimbursed expenses, you	u must file Addendum B – Ro	eport of Honorariums or
•		s made political contribu	itions, you must file Addend	um C- Political Contributio
I have read RSA 15	Affirmation by Lob, RSA 14 best of my Growled	I-C and RSA 664 and he	creby swear or affirm that the	foregoing information is tru
V lach.	X Man	er	April 25, 2017	
(Signature of lobby	rist		(Da	ate)
Michael Hanse	n			
(Print Name of lob	byist)	 		